

**L15000236708357**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.  
Account Number : I19990000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.  
E & M GLOBAL SUPPLY,LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
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RECEIVED

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY  
OF**

**E & M GLOBAL SUPPLY,LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**E & M GLOBAL SUPPLY,LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**6065 NW 167<sup>TH</sup> ST UNIT B5  
HIALEAH,FL 33015**

The mailing address shall be:

**6065 NW 167<sup>TH</sup> ST UNIT B5  
HIALEAH,FL 33015**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

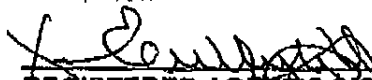
**ENLLY CASTRO**

**6065 NW 167<sup>TH</sup> ST UNIT B5  
Florida street address ( P.O.BOX NOT acceptable)  
HIALEAH,FL 33015  
City, State, and Zip**

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

  
REGISTERED AGENT'S SIGNATURE

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ENLLY CASTRO  
6065 NW 167<sup>TH</sup> ST UNIT B5  
HIALEAH, FL 33015

MANAGER

ELIAS LAPENTA  
6065 NW 167<sup>TH</sup> ST UNIT B5  
HIALEAH, FL 33015

MANAGER

MARIA EUGENIA LAPENTA  
6065 NW 167<sup>TH</sup> ST UNIT B5  
HIALEAH, FL 33015

MANAGER

MARIA ISABEL LAPENTA  
6065 NW 167<sup>TH</sup> ST UNIT B5  
HIALEAH, FL 33015

MANAGER

MARIANGELA LAPENTA  
6065 NW 167<sup>TH</sup> ST UNIT B5  
HIALEAH, FL 33015

MANAGER

(An additional article must be added if an effective date is requested)

  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true

**ENLLY CASTRO**

Typed or printed name of signer